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ANNUAL PROJECT REPORT 2012

United Nations Development Programme Tajikistan

Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan

01 January – 31 December 2012

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Acronyms

AFEW	<i>AIDS Foundation East-West</i>
ART	antiretroviral therapy
BSS	behaviour sentinel surveillance
CARHAP	Central Asian Regional HIV/AIDS Program
CBO	community-based organization
CPAP	Country Programme Action Plan
DMIS	disease management information system
EQAS	external quality assessment system
FC	friendly cabinet
GNCL	State Surveillance Service over pharmaceutical and medical activities
HIV	human immunodeficiency virus
IDU	injecting drug user
ILO	International Labour Organization
IOM	International Organization for Migration
ISO	International Organization for Standardization
LSBHE	life skills-based healthy education
LTA	long-term agreement
M&E	monitoring and evaluation
MARP	most at-risk population
MoH	Ministry of Health
MSM	men having sex with men
MTCT	mother to-child transmission
NAC	National AIDS Centre
NCC	National Coordination Committee
OST	opiod substitution therapy
PCR	polymerized chain reaction
PEP	post-exposure prophylaxis
PLHIV	people living with HIV
PMTCT	HIV prevention from mother to child transmission
PMU	project managment unit
PSM	procurement and supply management
PSO	procurement support office
RMPC	Republican medicine procurement centre
RT	Republic of Tajikistan
SCM	supply chain management
SOP	standard operation procedure
STI	sexually transmitting infection
SW	sex worker
TP	trust point
TRAC	Target for Resource Assignment from the Core funds
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	voluntary counseling and testing
WHO	World Health Organization
YFC	youth-friendly clinic

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I. Context

The HIV project “*Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan*” funded by the Global Fund has been started realization in Tajikistan since October 2009 that will last until September 2014. The primary purpose of the project is to provide quality HIV prevention and harm reduction services to the most at-risk people (IDUs, SWs, MSM) and vulnerable groups of population (labor migrants and their family members, rural youth, uniformed staff, prison-inmates, PLHIV) by HIV prevention and harm reduction programs. The project is also focused on health system strengthening interventions, particularly, the expansion and integration of VCT services into the Primary Health Care. It will also keep contributing to national health care reform through building and improving technical and managerial capacities of health professionals, promoting participation of civil society in the response to the epidemic, and enhancing the cooperation of CBOs with the public health sector.

The project goals and objectives are aligned with the national development strategy of RT for the period to 2015 (3. *A significant slowdown in the spread of HIV/AIDS, a reduction in infectious diseases and the eradication of certain infections that can be controlled by vaccination*) as well as poverty reduction strategy for 2010-2012 (3.1. *Fight against HIV/AIDS, malaria, tuberculosis and other infectious diseases that can be controlled by vaccination*) that encourages straightforward contribution to accomplishments of country objectives through strengthening multi-sectoral structure to halt the spread of HIV/AIDS epidemic in line with MDGs. In particular, the project major outputs and outcomes are the following: (i) wider coverage of the most at-risk groups by HIV prevention and harm reduction programme, namely, 39% IDUs, 48% SW and 12.6% MSM; (ii) coverage of 500,000 labour migrants and vulnerable women and 150,000 rural young people aged 14-25 by HIV prevention activities via peer education; (iv) provision of ART to 70.5% PLHIV and 65 pregnant women by the end of 2012.

In the course of grant implementation the HIV project faced few critical development challenges that have been affirmatively tackled by mutual cooperation of Senior Fund Portfolio Manager of the GF, senior management of MoH of RT and NCC. Specifically, GNCL imposed the strict directive onto implementing local organizations to cease distribution of health commodities. Yet, the role of CBOs is critical to directly reach these hard-to-reach and most at-risk beneficiaries by HIV harm reduction health supplies. The PR and donor organization together with an active involvement of NCC and MoH stimulated the revision of regulations on storage of health prevention goods that obliged CBOs to establish proper storage conditions and reporting system.

During the reporting period the HIV project continued working with 8 governmental agencies (National AIDS Center, Republican Scientific Blood Centre, National Centre for Dermatology and Venereal Diseases, Ministry of Labour and Social Protection of the Population, Department of Penitentiary Affairs of the Ministry of Justice, Republican Clinical Narcological Centre, Committee on Youth, Sport and Tourism, Central Military Hospital of Ministry of Defense) as well as 12 public organizations as the major implementing partners in reaching different at-risk and vulnerable groups by HIV prevention. Alongside, 5 international organizations (AFEW, IOM, WHO, UNICEF, UNFPA) were mainly engaged in supporting favorable environment in response to HIV infection and strengthening capacity of national counterparts.

II. Results summary and implementation review

A. Project Results and Impact Summary

The overall project target indicators have been accomplished on average by 117% against planned objectives that demonstrates steady dynamics of joint efforts of donor and governmental stakeholders in fighting HIV/AIDS in Tajikistan. To achieve the outcome targets, which are aligned with the National Development Strategy of the Republic of Tajikistan for the period up to 2015, a number of output level interventions have been carried out. These include strengthening health care system interventions through enhancement of VCT, building capacity of different health professionals, improving the quality of life of PLHIV, PMTCT, involving community-based organizations and public health sector, strengthening M&E system within health care, providing ART and OST.

As per NAC epidemiological statistics, the registered HIV cases in the country reached to cumulatively 4674 PLHIV as of 31 December 2012. The HIV transmission routes remained via unsterile injection (50.4%), sexual intercourse (31%), MTCT (2.05%) and 16.6% cases were unknown. The majority (74.8%) of those diagnosed with HIV infection between 1991 and 2012 in Tajikistan are men. The proportion of women diagnosed with the disease during the period was 25%. This disproportionate percentage between men and women could be due to limited access to services among women, lack of awareness and knowledge about HIV prevention, higher stigma associated with gender within family and community, or women usually exempt themselves from risky group. It requires further studies to increase the access of service to women. Also, another reason of higher HIV prevalence among men can be dominance of male-IDUs in contrast to female-IDUs and, as above-mentioned, the highest mode of HIV transmission is via unsafe injection. For 16.6% unknown transmission route, it is assumed that AIDS centers were unable to track the source of infection due to unwillingness of people to disclose information, fear of being stigmatized by family/community, lack of sufficient awareness about modes of HIV transmission.

In accordance with aggregated reports of sub-recipients, 8742 (35%) IDUs, 6890 (55%) SWs, 3169 (12.7%) MSM were reached by HIV harm reduction program. Noteworthy, there is a steady decreasing trend seen in HIV prevalence among IDUs between 2007-2011 -- 19.4% in 2007, 17.6% in 2008, 17.3% in 2009, and 13.5% in 2011. On the other hand, the situation on HIV prevalence among SWs varies with respect to favorable progress – since 2007 there is a growing tendency on HIV prevalence among SWs until 2010 (1.8% in 2007, 2.8% in 2008, 2.7% in 2009, 4.4% in 2010). Although, in 2011 prevalence went down a little, it is early to conclude the positive development in HIV prevalence of SWs, because there is uneven HIV prevalence in Khorog (20%), Vahdat (12,2 %) and lack of HIV prevalence in Istaravshan, Rudaki, Khujand, and Kulyab cities, which prompts the impossibility of extrapolation of BSS results throughout the country.

Furthermore, the large-scale awareness-raising activities among all targeted groups show the impact on behavior change of at-risk groups and general population as a whole. The 2011 BSS among IDUs revealed that 93.5% of IDUs (N2000) used the sterile injecting equipment the last time they injected. The target greatly improved in comparison with 69% IDUs in 2010. 82.3% (N1130) targeted group stated the regular use of condoms with commercial partners at the last 12 months. In regard to SWs, 71% risky group used condoms during the last sexual intercourse with a commercial partner. Also, 57.6% (N1130) SWs had VCT and, out of them, 96.6% who received VCT knew the results of tests. The first appropriate BSS among MSM (N350) was conducted in 2011 within the extent of Dushanbe city and nearby areas. According to the BSS HIV prevalence among MSM comprised 1.5%. At the same time, 64.9% MSM indicated the use of condoms in the last 6 months.

The conducted KAP survey in 2012 demonstrated the improved knowledge among young people aged 15-24 about safe sex. 61% targeted people used condoms in the last sexual intercourse that had non-regular partners in last 12 months. Considerable progress of condom usage is seen among men aged 25-49 that comprised 78.5% in 2012 compared to 70.9% in 2010. There is a positive

tendency observed in the attitude of medical staff towards PLHIV. In 2010 64.5% medical staff agreed to examine PLHIV on equal terms with other patients and the results of 2012 survey increased by 74.3%. As in the last survey, the majority of nurses stated that they would inform hospital management (37.2%) and AIDS centers (39.6%) about revealed HIV cases.

It is planned to conduct next BSS among prison-inmates, pregnant women, and labour migrants in 2013 to find out the HIV prevalence among the above-stated vulnerable groups, including adherence to ARV therapy and STI syndrome treatment.

#	Indicators	Intended indicator Period 7 Jan-June 2012	Intended indicator Period 8 Jul-Dec 2012	Remark
1	Number and percentage of IDUs reached by HIV prevention services	9,590 (38%)	9,700 (39%)	Intended/achieved indicators are not annual cumulative and shows actual coverage for last six months
	Achieved results	8,914 (35.3%)	8,742 (35%)	
2	Number of IDUs received expanded package of services (substitution therapy and detox)	350	400	Intended/achieved indicators are not annual cumulative and shows actual coverage as of December 2012
	Achieved results	345	384	
3	Number and percentage of SWs reached by HIV prevention services	5,875 (47%)	6,062 (48%)	Intended/achieved indicators are not annual cumulative and shows actual coverage for last six months
	Achieved results	5,663 (45.3%)	6,890 (55%)	
4	Number and percentage of prisoners reached with HIV programs	4,500 (45%)	4,500 (45%)	Intended/achieved indicators are not annual cumulative and shows actual coverage for last six months
	Achieved results	3,618 (36.2%)	5,373 (53.7%)	
5	Number and percentage of MSM reached by HIV prevention services	3,000 (10%)	3,150 (11%)	Intended/achieved indicators are not annual cumulative and shows actual coverage for last six months
	Achieved results	3,540 (11%)	3,169 (12.7%)	
6	Number of young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education	75,000	75,000	Cumulatively 177,861 young people 15-24 reached by HIV prevention services in 2012
	Achieved results	106,699	71,162	
7	Number of vulnerable youth reached by HIV prevention programme through YF clinics	7,000	7,000	Intended/achieved indicators are not annual cumulative and shows actual coverage for last six months
	Achieved results	14,160	10,791	
8	Number and percentage of schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year	341 (11%)	388 (12.5%)	By end of year 2012 cumulatively 407 schools adopted HIV education topic into healthy life style education semester
	Achieved results	322 (10.4%)	407 (13.1%)	
9	Number of migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution)	250,000	250,000	Annually 482,820 migrants and vulnerable women reached by HIV prevention services
	Achieved results	242,309	240,511	

10	Number and percentage of uniformed staff members reached by HIV prevention services	2,000 (20%)	2,000 (20%)	Annually 3420 uniformed staff was reached by HIV peer education in 2012
	Achieved results	1,680 (17%)	1,740 (17,4%)	
11	Number of condoms distributed to vulnerable groups and general population	2,200,540.0	2,200,540	In 2012 overall 5,985,434 condoms were disseminated countrywide.
	Achieved results	2,734,771	3,250,663	
12	Number and percentage of blood units tested for HIV	12,500 (100%)	12,500 (100%)	Annually 30,052 blood units transferred and 100% tested for HIV
	Achieved results	15,910 (100%)	14,142 (100%)	
13	Number and percentage of people with advance HIV infection receiving ARVT	680 (66.6%)	720 (70.5%)	Cumulatively 1,044 PLHIV is under ARVT nationwide.
	Achieved results	908 (89%)	1,044 (102%)	
14	Number of HIV positive women receive complete course of ARV prophylaxis to reduce MTCT	30	65	In 2012 ARV prophylaxis was provided to 65 HIV-infected pregnant women
	Achieved results	39	65	
15	Number of sentinel surveillance sites performing according to national standard		10	
	Achieved results		10	
17	Number and percentage of IDU receiving HIV tests, results and post-testing counseling in the period of the last 12 months	2,500 (8%)	2,500 (8%)	Intended/achieved indicators are not annual cumulative and shows actual coverage for last six months
	Achieved results	2,625 (8.4%)	2,789 (9%)	
18	Number and percentage of SWs receiving HIV tests, results and post-testing counseling in the period of the last 12 months	1,000 (8%)	1,200 (9,6%)	Intended/achieved indicators are not annual cumulative and shows actual coverage for last six months
	Achieved results	1,469 (12%)	2,355 (19%)	
19	Number and percentage of pregnant women receiving HIV tests, results and post-testing counseling	70,000 (35%)	140,000 (70.1%)	143,643 pregnant women received HIV testing in 2012.
	Achieved results	68,957 (34.5%)	143,643 (72%)	

B. Implementation Strategy Review

The UNDP continuously uses collaborative approach in working with national partners, particularly MoH and NCC, for effective implementation of the GF grants. As such, prioritizing objectives, allocating resources, developing annual work and training plans are jointly undertaken on regular basis that ensures the participation, ownership and sustainability of relevant partner institutions.

The development of exit strategy (transition) for national counterparts (namely, the Ministry of Health of RT) plan can exemplify all-round cooperation between UNDP and MoH to eventually take a Principal Recipient role in implementing the Global Fund grants. Accordingly, an international capacity development advisor was engaged to jointly develop an exit strategy (transition) plan for national counterparts taking into consideration the extended experience of the MoH. As a result, a Technical Working Group chaired by the Deputy Minister of Ministry of Health of RT has been specifically established to supervise and coordinate the implementation of transition plan for the Ministry of Health of RT. The Final Transition Plan with detailed work plan and financials is anticipated to be signed by the Minister of Ministry of Health of RT in early 2013.

Moreover, technical assistance is key to ensure sustainable and quality national health care sector. For instance, WHO supported the national and regional laboratories to create external quality assessment system; simultaneously, the national guideline on external quality assessment was developed and capacity of young specialists was strengthened through number of trainings. The main purpose of activity is to facilitate 20 hospital laboratories and four AIDS centers in enrolling into EQA nationwide.

Alongside, UNDP using its core funds (TRAC) outsourced an international consultant who conducted thorough assessment of GNCL laboratory system, including laboratory equipment, human resource capacity, different existing policies and protocols, etc. The comprehensive findings and recommendations have been described in the mission report to gradually become member of ISO with further international accreditation.

To strengthen and centralize the national SCM the UNDP has been cooperating with all stakeholders to elaborate a suitable distribution plan considering quarterly distribution, buffer stock, location, transportation. To adhere to principles of Paris Declaration (2005) signed by Tajikistan, UNDP strongly promotes for centralized distribution system and supports RMPC as a key participant of overall process. This kind of approach ascertains timely procurement and smooth supplies distribution based on international standards. At present, UNDP keeps on negotiations with management of MoH, RMPC and other health centers' directors to discuss possibilities of government contribution at 50%; and, sensitizes relevant governmental bodies on current SCM situation and ways of enhancing it step by step. A multilateral protocol has been signed that clearly stipulates the contribution of parties to jointly support SCM system. Furthermore, in January 2013, the Annual Procurement Action Plan was prepared by the PR taking into account priority commodities, available stock and buffer stock.

The civil society plays a leading role of linking grass-roots with national levels and ensures the sustainability of harm reduction programs as a whole. For this reason, the UNDP initiated umbrella or coalition approach for local public organizations to reach IDUs, SWs, and MSM by HIV prevention in 2013; that kind of practice is believed to create competitive and enabling environment for CBOs to increase their prospective and position as a go-between most at-risk groups and health care sector.

III. Detailed project activities review

Objective 1: To reduce high-risk sexual and injecting behaviors among populations most vulnerable to HIV infection including IDUs, SWs, prisoner, and MSM.

Overview of activities: The comprehensive package of harm reduction program (HIV testing and counseling, distribution of syringes, condoms, IEC materials, OST, STI syndrome treatment) was provided to MARP throughout the year to ensure safe injecting and sexual behavior among IDUs, SWs, MSM, prisoners. As well, ART/OST/STI drugs, HIV tests, hygiene kits, condoms and other health commodities was procured and distributed among the targeted groups. Furthermore, ART clinic in Khorog and OST site in Kurgan-tyube have been renovated in 2012 that should be opened in 2013 to provide appropriate treatment to patients.

Results Achieved: According to the modified indicators (transfer from cumulative to actual number) 8742 (35%) IDUs, 6890 SWs (55%), 3169 (12.7%) MSM were reached by HIV harm reduction programs. In three supporting OST sites 384 IDUs were covered by methadone-based treatment as of the end of December 2012. The overall 93 patients left the therapy within the reporting months; and 34 new IDUs were included into OST program.

Mini sessions on HIV/STI prevention were conducted among 8991 (89%) prisoners by 70 trained trainers in 13 supported general regime colonies. In addition, 40 field and medical officers strengthened the knowledge and skills on HIV prevention and STI syndrome therapy.

Impact on Beneficiaries: Although, in the last seven years, the HIV infection rate has increased eightfold (from 506 cases in 2005 to 4674 cases in 2012), the BSS results among most-at-risk groups (IDUs, SWs, MSM) definitely point out to the concentrated HIV epidemic in the country. HIV prevalence among risky groups perseveres with steady and unvarying trend as shown in p.5.

In addition, the initiative of OST launch in the country appeared to be successful due to increased therapy adherence among patients. In cooperation with ICAP, UNAIDS, and the Ministry of Health of RT, the operational research was launched in November 2012 to strengthen existing OST model. Overall objective of the research were to (i) assess quality of OST models (ii) identify needs and gaps in capacity-building, (iii) come up with feasible recommendation in increasing efficiency of narcological care system of the country. The field work was completed in December and, at the beginning of 2013 the analyzed findings will be shared with national and international stakeholders.

Objective 2: To reduce high-risk behaviors among other vulnerable populations including migrant's families; and young people by scaling-up their coverage by comprehensive, quality prevention interventions.

Overview of activities: Peer education is a key approach to directly sensitize the targeted groups of population by HIV and STI prevention. Predominantly, rural young people aged 15-24, labor migrants and their family members, uniformed staff are reached by HIV peer education and, if necessary, are referred to other medical facilities for HIV counseling and testing, diagnosis and syndrome treatment of STI. Alongside, 45 FCs for migrants and vulnerable groups were supported to provide STI treatment countrywide; 21 YFCs provided HIV counseling and testing as well STI treatment to vulnerable youth; HIV mini-sessions were held among cadets and praporshiks; different mass events were organized to increase awareness of vulnerable groups and general population via distribution of IEC materials on HIV prevention, routes of transmission, tolerance towards PLHIV, other HIV-related issues.

During the second half of 2013 the results of two KAP surveys among population aged 15-49 on HIV prevention basics and stigma and discrimination towards PLHIV have been conducted by the Centre of Strategic research under the President of RT.

Results Achieved: Over the reporting period, 169,191 young people aged 15-24 in rural areas were reached by HIV peer education and large-scale campaigns (sport events, contests, and information sessions) in 51 districts. Different types of activities on HIV prevention were carried out for labor migrants and vulnerable groups by IOM and MLSP in 45 districts; overall 462,277 labour migrants and their family members were covered with HIV prevention, including STI treatment provided by Venereal Diseases Clinics-coordinated 45 friendly cabinets for labour migrants.

During reporting year, 300 new school teachers from 85 selected schools were trained in participatory life skills based on HIV education and as a cascade the trained teachers taught the basics of healthy life style including HIV prevention in 2012 academic year. This is the third year that life skills-based healthy education has been incorporated into the school extra curriculum and HIV prevention and healthy life style have been discussed in class hours of secondary schools. Since the start of program cumulatively 407 schools are covered by LSBHE program in 11 priority districts. At the end of 2012 it was decided to translate the manuals for teachers and schoolchildren into Uzbek language to disseminate to Uzbek-speaking classes. At the same time, 24,951 vulnerable youth visited 21 youth-friendly clinics to receive HIV testing and counseling, STI treatment as well as health supplies dissemination.

Overall 3420 uniformed staff was reached by 168 IEC sessions since January 2012; also 10 mass events dedicated to World Blood Day and World AIDS Day were arranged among 2400 army soldiers dislocated in Khujand, Kurgan-tyube, Dushanbe, Kulyab cities. In the course of different activities, 3420 IEC materials and 68400 condoms were disseminated among uniformed staff.

Impact on Beneficiaries: The conducted KAP survey in 2012 demonstrated the improved knowledge among young people aged 15-24 about safe sex. 61% targeted people used condoms in the last sexual intercourse that had non-regular partners in last 12 months. Considerable progress of condom usage is seen among men aged 25-49 that comprised 78.5% in 2012 compared to 70,9% in 2010. There is a positive tendency is observed in the attitude of medical staff towards PLHIV. In 2010 64,5% medical staff agreed to examine PLHIV on equal terms with other patients and the results of 2012 survey increased by 74,3%. As in the last survey, the majority of nurses stated that they would inform hospital management (37.2%) and AIDS centers (39.6%) about revealed HIV cases.

Objective 3: To eliminate the risk of HIV transmission through blood and blood products and decrease the risk of nosocomial transmission.

Overview of activities: The national scientific blood center has been uninterruptedly supplied with health commodities (blood collection bags, supportive pharmaceuticals volume substitution, and iron supplementation and plasma derivatives) throughout the reporting year to ensure 100% blood safety. In addition, WHO facilitated the process of establishment of external quality assessment system by training the staff of national and oblast hospitals and AIDS centers. Within this activity it is planned to enroll 20 AIDS and hospital laboratories into EQAS. Based on needs of National Blood centre, MoH has requested to provide the blood centers with test systems instead of pharmaceuticals as reflected in the approved proposal/budget. MoH has committed to cover the pharmaceuticals from national healthcare budget; the request has been endorsed by the GF.

Results Achieved: The Republican Scientific Blood Centre reported the 30052 blood units transferred were screened for HIV, HCV, HBV based on WHO and national guidelines that assured 100% blood transferred in the last 12 months. Out of total screened blood units, 12621 blood units were collected by mobile units; and 21809 blood units screened were taken on voluntary basis in accordance with compiled report of 5 blood centres. Further, the national blood center strengthened the capacity of 80 lab staff of Dushanbe, Kurgan-tyube, Khorog and Kulob centers on the latest knowledge on universal precaution and introduction of PEP kits.

Impact on Beneficiaries: The screened blood for HIV and STI ensured 100% safety of HIV transmission and nosocomial transmission through blood and blood products. However, the issue of post-transfusion complications remains topical problem that can be found 1 case in 6000-29000 cases of blood transfusion. The increase of knowledge level and enhancement of capacity of laboratory staff should be constantly supported. The analysis of work in blood centers showed the volume of blood screening has decreased in hospital laboratories; nowadays, they mainly collect the blood units and send to chief blood centers for quality HIV screening that guarantees reduction of nosocomial HIV transmission.

Objective 4: To prevent mother-to-child transmission of HIV and to improve the quality of life of PLHIV by providing high-quality ARV and opportunistic treatment, care and support.

Overview of activities: The ART clinics kept providing treatment to PLHIV in five central areas. ART drugs have been supplied on regular basis to all supported-AIDS centers and ART clinics. In addition, the ART premise in Khorog has been being repaired and it is anticipated to be done by the end of quarter 1 2013. Uninterrupted viral load of PLHIV was also carried out in PCR laboratories with supply of applicable reagents. Strengthening national capacity is vital to rationally use the ARV drugs, properly forecast by DMIS software, which will improve quality of life, overall health outcomes and reduce medical costs. Accordingly, WHO conducted capacity building training on M&E and DMIS on ARV treatment for ART providers in the reporting year.

Results Achieved: As of December 2012 ART was prescribed to cumulatively 1505 patients; out of total number of patients, 288 patients died and 173 PLHIV stopped therapy. Severe side effects, migration, use of drugs are main reasons of low adherence to ART among PLHIV. Presently, 1044 patients (including 133 children) continue ART nationwide. PMTCT program reach the pregnant women with compulsory HIV testing and counseling as well as prophylaxis of revealed HIV-infected pregnant women and children. As of the end of 2012 102 pregnant women were found HIV positive; out of it, 65 pregnant women had ART with ART and 6 pregnant women refused from ART prophylaxis.

Impact on Beneficiaries: The timely HIV prevention among pregnant women may result in healthy child delivery; therefore, the negative consequences of PMTCT can be minimized through HIV prophylaxis among both pregnant women and newborn babies. Notably, referral system implemented a few years ago proved to be successful; it accelerated the number of beneficiaries who had HIV counseling and testing in recent years.

Objective 5: To strengthen the evidence base for a targeted and effective national response to HIV/AIDS through improved second generation sentinel surveillance.

Overview of activities: The national conference on BSS was organized by NAC in September to introduce the results of BSS conducted in 2011 among IDUs, SWs, and MSM. Further, the action plan for 2013 was discussed and priority issues were identified. It should be mentioned that prior conducting next BSS refresher trainings for the specialists/surveyors will be conducted on data processing and analytical reporting.

Results Achieved: During 2011 BSS contemporary approaches and methodology were applied to obtain more accurate data on HIV prevalence among different groups of population. The sentinel surveillances were held in 10 sites (Dushanbe, Khujand, Khorog, Isfara, Vahdat, Tursunzade, Kulyab, Kurgan-Tyube, Istaravshan, and Rudaki) with respondent-driven sampling and clustering methods applied. Noteworthy, the first BSS among MSM was held in Dushanbe in 2011 to realistically assess the denominator of at-risk group. Based on the results, three indicators were modified and approved by the GF, namely, IDUs and MSM reached by HIV prevention, patients under OST.

Impact on Beneficiaries: The applied modern approaches (e.g. respondent-driven sampling) significantly enhanced the capacity of national experts in analytically processing the aggregated data

and produce reliable, well-founded reports. In 2012 based on the outcomes of BSS the indicator for MSM was changed that represented the true data denominator. In recent years the improved second generation sentinel surveillance presents a solid ground to propose purposeful strategies in controlling the disease at the country level.

Objective 6: To create a supportive environment for a sustainable national response to HIV.

Overview of activities: To facilitate enabling environment for HIV halting nationwide, the project assured the supply of necessary commodities to AIDS centers, systematically supported and maintained the laboratory equipment, improved the knowledge and skills of laboratory staff for smooth implementation of the GF grants.

Results Achieved: The AIDS centers and laboratories provided different services (HIV counseling and testing, blood screening, HIV statistical data preparation, out reach services to hard-to-reach at-risk groups and general population throughout the year. As a result of carried out activities, 412,205 people were tested for HIV, including IDUs, MSM, SWs, pregnant women, labour migrants, prisoners, uniformed staff.

Furthermore, capacity of more than 100 health service providers in AIDS and blood laboratories has been enhanced on effective use of equipment and establishment of quality control system, post-contact HIV prophylaxis, and external quality assessment system to be compatible with international laboratory standards.

Impact on Beneficiaries: Due to constant support and close collaboration with national counterparts the access to HIV prevention and harm reduction programs has considerably improved covering equally central and remote areas. In particular, multipurpose mobile units have been appeared to be practical in providing services hard-to-reach beneficiaries. In general, the streamlined system of VCT resulted in larger coverage of targeted people and provision of timely HIV prophylaxis to HIV-revealed patients.

Table 1. Dynamics of VCT provision among targeted groups

Groups of population	2010	2011	2012
IDUs	4,893	5,114	5,414
SWs	1,831	4,247	3,824
Pregnant women	119,033	181,789	143,643
MSM	89	774	623
Labor migrants	10,669	66,938	27,306

As seen from the table, the dynamics of HIV testing among IDUs remains stable within last three years. Number of SWs and MSM who had HIV testing has slightly inclined since 2011; however, due to introduction of referral system within 2 years, these at-risk groups continued regularly visiting AIDS/VCT sites to test for HIV.

As for pregnant women, number indicated in 2011 (181,789) represents number of tests used for targeted group. In 2012 only number of pregnant women having the first HIV test was shown. In 2011 by the prikaz of MoH one and all migrants had to have HIV testing that illustrated the highest number of labour migrants who had VCT; however, in 2012 only referred labour migrants from supported 45 FCs for migrants was taking into account.

IV. Implementation challenges

By and large, the major encountered concern can be considered the deficiency of HIV test systems in the country due to accelerated number of interested people to have HIV testing as well as introduction of mandatory HIV testing for certain group of populations (pregnant women and labour migrants) by the government. Following it, transportation issue (as a landlocked country) and short shelf life of rapid tests have also affected on acute shortage of tests. Lack of adequate skills at SR level in preparation of goods specifications, proper quantification and planning played a negative role in forecasting the necessary supplies. Therefore, several immediate actions have been taken towards mitigating the undesired outcomes of the existing situation: (i) negotiations and explanatory work were carried out with national AIDS center to rationally use the HIV tests that was initially budgeted within the drawback framework of GF Round 8 grants. The available test systems must be used for priority targeted beneficiaries; and, it was agreed that national partners should mobilize internal resources to provide HIV counseling and testing to general population; (ii) with authorization of the GF the current budget was reprogrammed to generate additional €30,000 under procurement of additional HIV tests; (iii) to urgently tackle the shortage of test systems and not to jeopardize the compulsory testing among pregnant women the UNFPA, as a sister agency, agreed to supply one-time quantity of over 100,000 tests to reproduction health centers. (iii) capacity-building assistance and on-site trainings have been provided to SRs in order to improve their skills in quantification and specification development as well as proper forecast tool was designed and applied at SR level. To avoid future shortage of health and non-health supplies and delivery delays UNDP together with national counterparts has prepared the procurement plan for 2013 in advance.

Several M&E visits of PMU management and team as well representatives of NCC revealed the lack of proper communication and coordination between national institutions down to district service provides. To further improve supply chain management a series of trainings among 85 warehouse managers, logisticians, pharmacutists and laboratory staff of Dushanbe city and Khatlon and Sughd oblasts were conducted to enhance the capacity of national counterparts on quality procurement and supply management in the health care system, in particular, the implementation of Global Fund grants.

Furthermore, the representative of UNDP Special Advisory Team in UNDP Procurement Support Office visited Tajikistan to share the best practices and lessons learnt of other countries. The central discussion of PMU team was also the review of existing procurement action plans, quality assurance and control of pharmaceuticals, Quality Assurance Plan (QAP) to comply with the requirements of the GF as well as running issues in overall supply chain management.

Another crucial challenge faced was the elimination or, at least, minimization of funds misappropriation by SRs via move from cash to bank payment. Besides sending a formal letter on general financial management, the following preventive measures were taken to ensure transparent funds utilization: visits to several trainings with the purpose of verifying the disbursed amount to participants and their signatures with passport; M&E of financial documentation of SRs with on-job training; verification of SRs' financial reports and monthly analysis of cash/bank payment ratio.

V. Lessons learnt and next steps

Taking into account the findings and recommendations found during several M&E and mission visits, the project has come to main conclusions concerning major challenges in supply chain mechanism, M&E, financial management.

Particularly, PMU has encouraged the partner-implementers to estimate and develop Annual Procurement Action Plan for 2013 in order to proactively address the possible issues of supply chain system. The projected procurement estimation would be applied for other coming years and help the PMU place necessary orders in advance with buffer stock. Moreover, the UNDP with close involvement of SRs is in process of developing a distribution plan considering following points: 1) quarterly distribution; 2) buffer stock 3) locations 4) type of transportation. Within distribution plan it was suggested to have centralized distribution system, where RMPC is a key coordinator of overall domestic distribution process.

To further strengthen the M&E component, the UNDP raised additional funds to engage Community Development Programme (CP) staff in monitoring service delivery points in four oblasts. Two-day orientation meeting with site visits was organized for CP staff; in addition, the check-lists and reporting format were discussed and agreed. Alongside, the joint and ad-hoc visits will be carried out by the PMU staff to chiefly improve the systematic gaps in administration, supply chain management, finance components of HIV project. This initiative is expected to yield the constructive changes in overall grant realization and assist to timely tackle different tasks without interruption of vital interventions (HIV testing, treatment, and care).

In regard to financial management at SRs' level, the PMU has taken a number of progressive actions to enhance financial risk management. . Based on recommendations of the GF and findings of spot checked training activities, it has been comprehended to apply bank payment to all finance transactions to avoid fraud and funds misuse. Adequate accomplishments have been reached over the reporting year in terms of increasing bank payment vis-à-vis cash payment. Majority of SRs (especially, NGOs and many governmental structures) used bank transfer payment method by more than 80%. The finance unit analyzed the transaction done by bank transfer vs. cash on monthly basis. The formal letter has been sent to few SRs in order to optimize the measures taken towards bank transfer payment.